

# Referral for Lack of Coverage Form

Form 62



Virginia Worker's Compensation  
1000 DMV Drive  
Richmond, VA 23220  
[www.workcomp.virginia.gov](http://www.workcomp.virginia.gov)

**Purpose:** Use this form to report an employer who may be operating without workers' compensation insurance coverage required by law. All referrals submitted will be kept confidential to the extent possible under the law.

**Instructions:** Mail the completed form to the Insurance Investigator using the above address or fax the form to (804) 367-2239. You can also report an uninsured employer by calling 804-205-3223 or toll-free (in VA) by calling the Commission at 1-877-644-2566 and asking for the Insurance Investigator.

EMPLOYER INFORMATION			
Virginia law requires that employers who regularly employ three or more full-time or part-time employees purchase and maintain workers' compensation insurance. <b>Please provide complete name, address and information for VWC review and investigation.</b>			
NAME OF BUSINESS/PERSON			
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( )
TYPE OF BUSINESS OR INDUSTRY IS IN OPERATION			
What leads you to believe this business or person is operating without worker's compensation insurance?			

OPTIONAL INFORMATION	
An Insurance Worker may contact you to clarify the information that was provided or to obtain additional information. All information in this section is optional.	
REPORTER'S NAME	
DAYTIME TELEPHONE NUMBER ( )	EMAIL ADDRESS
YOUR RELATIONSHIP TO BUSINESS BEING REPORTED	
<input type="checkbox"/> Spouse/Ex <input type="checkbox"/> Competitor <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____	

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